



# BUSINESS REGISTRATION APPLICATION

14455 W. Van Buren St. Ste D101, Goodyear, AZ 85338

Attn: Development Services/Business Registration

Phone: 623-932-3004 or 623-932-3005

Email completed application to: [bldg.permits@goodyearaz.gov](mailto:bldg.permits@goodyearaz.gov)



**Goodyear** ARIZONA

Check all that apply	<input type="checkbox"/> New Business <input type="checkbox"/> New Owner of Existing Business <input type="checkbox"/> Home Business <input type="checkbox"/> Name Change <input type="checkbox"/> Location Change	<b>Fee: \$ 75.00</b>	<b>Start Date:</b>  <b>State Sales Tax No:</b>
<b>Section I: Business Information</b>			
<b>Business Name (Company or DBA)</b>		<b>Legal Business Name (if different from business name)</b>	
<b>Business Location Address</b> Ste.		<b>Mailing Address (if different from location)</b> Ste.	
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>City</b> <b>State</b> <b>Zip Code</b>
<b>Business Phone: ( )</b>		<b>Email Address:</b>	
<b>Business Type:</b>	<input type="checkbox"/> Retail <input type="checkbox"/> Amusement <input type="checkbox"/> Contractor <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Manufacturer <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> Distribution Center <input type="checkbox"/> Medical/Dental <input type="checkbox"/> Residential Rental (# of units ) <input type="checkbox"/> Other:		
	Describe the nature of the business:		Hazardous Materials: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Section II: Contact Information</b>			
24-hour local contact information is required by the Goodyear Police Department for use in the event of an emergency. This person must be a key holder, and able to respond after hours to the physical business location if necessary.			
1	Local Emergency Contact Name:	Local Emergency Contact Phone:	
2	Local Emergency Contact Name:	Local Emergency Contact Phone:	
3	Alarm Company Name:	Alarm Company Phone :	
<b>Section III: Ownership and Premise Information</b>			
<input type="checkbox"/> Individual/Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Gen. Partnership <input type="checkbox"/> Limited Partnership			<b># of Employees:</b>
<b>Owners, Partners, LLC Members, or Officers</b> (attach separate sheet of paper for additional names)	Name:		
	Address:		
	Zip:	Phone #:	
	Name:		
	Address:		
	Zip:	Phone #:	
<b>Property / Landlord or Property Manager Information</b>	Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, complete section below
	Property Information	Name:	
		Address:	
The issuance of this Business Registration shall not be deemed to legalize any act, which otherwise may be in violation of the law, including the city's zoning codes, or to exempt any person from any penalty of such violation.  Your Business Registration will be mailed after receipt of payment of the annual fee of \$75.00. Payment may be made by check, cash, or money order. A penalty of \$250.00 may be assessed to a business that fails to or refuses to apply for or renew a business registration within thirty (30) days of having received written notice by the City of Goodyear.  This Business Registration must be renewed annually. If you have any questions please call the City of Goodyear, Business Registrations at 623-932-3004 or 623-932-3005.		I declare, under penalty of perjury that that the statements made in this application are true and correct to the best of my knowledge.  _____ Printed Name  _____ Signature of Owner / Representative  Title: _____ Date: _____	

***Thank you for doing business in the City of Goodyear!***